

Full Name

Dale Mitchell Lemoine

Committed Name (if different)

Same

Full Address Including Name of Institution

United States Penitentiary, Unit E/B  
P.O. Box 26030 Beaumont, Texas 77720

Prison Number (if applicable)

00-834-111

FILED - CLERK  
U.S. DISTRICT COURT  
2003 OCT -1 PM 2:23  
TX EASTERN-BEAUMONT  
BY                     

UNITED STATES DISTRICT COURT

Plaintiff, Dale M. Lemoine

VS. University Of Texas Medical  
Branch Hospital  
(UTMB)  
Defendants(s).

Case No. CV

1:03CV1015

(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT  
PURSUANT TO (check one)

☒ 42 U.S.C. § 1983.

or

☐ Bivens v. Six Unknown Agents  
403 U.S. 388 (1971)

A. PREVIOUS LAWSUITS

- 1) Have you brought any other lawsuits in a federal court while a prisoner: ☐ Yes ☒ No
- 2) If your answer to A is yes, how many? \_\_\_\_\_ Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

**a. Parties to this previous lawsuit:**

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

**b. Court**

**c. Docket or case number** \_\_\_\_\_

**d. Name of judge to whom case was assigned** \_\_\_\_\_

**e. Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it appealed? Is it still pending?)**

**f. Issues raised:** \_\_\_\_\_

**g. Approximate date of filing lawsuit** \_\_\_\_\_

**h. Approximate date of disposition** \_\_\_\_\_

**B. EXHAUSTION OF ADMINISTRATIVE REMEDIES**

1) Is there a grievance procedure available at the institution where the events relating to your current complaint occurred?

☒ Yes    ☐ No

2) Have you filed a grievance concerning the facts relating to your current complaint?

☒ Yes    ☐ No

If your answer is no, explain why not \_\_\_\_\_

3) Is the grievance procedure completed?

☐ Yes    ☒ No

If your answer is no, explain why not BP11 to be filed in September and  
Tort Claim not due until Jan. 23 of 2004

4) Please attach copies of papers related to the grievance procedure.

### C. JURISDICTION

This complaint alleges that the civil rights of plaintiff Dale M. Lemoine  
(print plaintiff's name)

who presently resides at USP Unit E/B P.O. Box 26030 Beaumont, Tex. 77720, were violated  
(mailing address or place of confinement)

by the actions of the defendant(s) named below, which actions were directed against plaintiff at \_\_\_\_\_  
University of Texas Medical Branch Hospital  
701 Harborside Galveston, Texas  
(institution/city where violation occurred)

on (date or dates) Jan. 28 TO Feb.17, 2003  
(Claim I) (Claim II) (Claim III)

(You need not name more than one defendant or allege more than one claim; however, make a copy of this page to provide the information below if you are naming more than five (5) defendants.)

1) Defendant University of Texas Medical Branch Hospital resides or works at  
(full name of first defendant)

701 Harborside Galveston, Texas 77555, and is employed as  
(full address of first defendant)

Hospital  
(defendant's position and title, if any)

The defendant is sued in his/her: ☐ individual ☒ official capacity. (Check one or both).

Explain how this defendant was acting under color of law:

Negligent Medical Procedures and Operations

2) Defendant \_\_\_\_\_ resides or works at  
(full name of second defendant)

\_\_\_\_\_, and is employed as  
(full address of second defendant)

\_\_\_\_\_  
(defendant's position and title, if any)

The defendant is sued in his/her: ☐ individual ☐ official capacity. (Check one or both).

Explain how this defendant was acting under color of law:

\_\_\_\_\_  
\_\_\_\_\_

3) Defendant \_\_\_\_\_ resides or works at  
(full name of third defendant)

\_\_\_\_\_, and is employed as  
(full address of third defendant)

\_\_\_\_\_  
(defendant's position and title, if any)

The defendant is sued in his/her: ☐ individual ☐ official capacity. (Check one or both).

Explain how this defendant was acting under color of law:

\_\_\_\_\_  
\_\_\_\_\_

4) Defendant \_\_\_\_\_ resides or works at  
(full name of fourth defendant)

\_\_\_\_\_, and is employed as  
(full address of fourth defendant)

\_\_\_\_\_  
(defendant's position and title, if any)

The defendant is sued in his/her: ☐ individual ☐ official capacity. (Check one or both).

Explain how this defendant was acting under color of law:

\_\_\_\_\_  
\_\_\_\_\_

5) Defendant \_\_\_\_\_ resides or works at \_\_\_\_\_  
(full name of fifth defendant)  
\_\_\_\_\_, and is employed as \_\_\_\_\_  
(full address of fifth defendant)  
\_\_\_\_\_  
(defendant's position and title, if any)

The defendant is sued in his/her: ☐ individual ☐ official capacity. (Check one or both).

Explain how this defendant was acting under color of law:

\_\_\_\_\_  
\_\_\_\_\_

### E. CLAIMS\*

#### CLAIM I

The following civil right has been violated:

Fifth Amendment (Life/Liberty and property)

Eighth Amendment (Cruel and Unusual Punishment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supporting Facts: [Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right].

(1) Deposition (2) Administrative Remedy

(3) Negligent Prison Medical Procedures in SHU

(As overall supporting evidence)


\* If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

I have only one defendant UTMB. I recieved scandalous medical treatment between Jan. 28th and Feb. 17th that could have resulted in death and did result in many facial injuries, that are permanent. I sumit the three items stated above as supporting evidence.

#### F. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:

Seven Million Dollars in Damages

  
(Signature of Plaintiff)

9-14-2003  
(Date)

COP-OUT

TO; UNIT COMMANDER FRANDIE

3/24/03

SUBJECT, I INTEND TO SUE BOP PSYCH HOSPITAL  
IN GALVESTON TX. FOR THE BAD MEDICAL  
TREATMENT I RECEIVED THERE.  
I NEED THIS COP-OUT BACK, SIGNED  
PLEASE TO SHOW THAT I CONTACTED  
YOU.

FROM; LEMOINE D. 00834111

N.B

SHK C-21

Noted, no remedy requested  
of staff



4/19/03

COPY-OUT

TO: UNIT MANAGER

3/24/03

SUBJECT: I INTEND TO SEE BOOTSMB  
HOSPITAL IN ADMISSION TX. FOR THE  
BAD MEDICAL TREATMENT I RECEIVED  
THERE. I NEED THIS COPY-OUT BACK  
SIGNED PLEASE TO SHOW THAT I  
CONTACTED YOU.

FROM: LEMMON, C. 023411 A/S

Noted,

however  
you refused

Medical treatment  
Möcker

SHV-C-21

BMX 1330.13C

August 6, 1998

Attachment A

DOCUMENTATION OF INFORMAL RESOLUTION ATTEMPT

Bureau of Prisons Program Statement No. 1330.13, Administrative Remedy Program, (December 22, 1995), requires, in most cases, that inmates attempt informal resolution of grievances prior to filing a formal written complaint. This form shall be used to document your efforts towards informally resolving your grievance.

Inmate Name: LEMOINE DALE Reg. No.: 00834111 Unit: N/B

Specific Complaint and Requested Relief: I INTEND TO SUE BOP  
TSO'S IN BALWISTON TX. FOR THE TERRIBLE  
ADDITION TREATMENT I RECEIVED WHILE BEING  
TREATED THERE.

Efforts Made By Inmate To Informally Resolve Grievance (be specific): \_\_\_\_\_

THIS IS A FORMAL COMPLAINT. I WROTE COPIES  
ASKING COUNSELOR, UNIT MANAGER & CHIEF MANAGER  
IF THERE WAS ANYTHING THEY COULD DO TO REMEDY THIS.  
I NEEDED MY COPIES SIGNED BACK FROM MISS. SACKETT  
 Counselor's Comments: We are aware of your complaint,  
but lack any specific ideas.

F.FRANDLE 4/02/03  
 Correctional Counselor's Review / Date

M.MCGEHEE M.McGee 4-22-03  
 Unit Manager's Review / Date

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Lemoine Dale M. 008-34-111 FA Beaumont  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

**Part A- INMATE REQUEST**

All I request in this BP-9 is written acknowledgement from Miss. Sackett or higher authority that I informed her I planned to sue for negligent medical on 5-21-03. I wrote a BP-8 to Miss. Sackett asking for her acknowledgement that I planned to sue UTMB or BOP whoever is responsible for negligent medical treatment. I have asked my counselor for it every fri. or sat since it was due, when he comes to my cell in FA. Today 7-5-03 he told me to file a BP9( Counselor Frandle said Miss. Sackett refused to sign my BP-8. The BP-8 stated that I gave her two copouts starting Feb. 24 informing her I planned to sue. It stated on 5-19-03 at my cell door in FA, she told me she didnt have to respond to my cop-outs and to write a BP-8. I did one and still I could not get a response from her.

7-14-03 XXXXXXXXXX  
DATE

[Signature]  
SIGNATURE OF REQUESTER

**Part B- RESPONSE**

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

THIRD COPY: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

**Part C- RECEIPT**

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



**FEDERAL CORRECTIONAL COMPLEX (FCC) BEAUMONT, TEXAS  
UNITED STATES PENITENTIARY (USP)  
PART B – RESPONSE TO REQUEST FOR ADMINISTRATIVE REMEDY #300114-F1**

This responds to your Request for Administrative Remedy dated April 29, 2003, wherein you state you intend to sue TSMB medical building or BOP for negligent medical treatment received.

The University of Texas Medical Branch (UTMB) provides the medical care at FCC Beaumont under a managed health care contract. An investigation of your complaint was conducted with UTMB staff. Your record reflects that you were transported to Hospital Galveston in March 2003, for treatment of a facial fracture. You refused any further treatment on March 7, 2003, therefore you were transported back to the USP. Upon evaluation by the Nurse Practitioner, on April 10, 2003, you refused to acknowledge that you had suffered a facial fracture. You continued to refuse additional treatment, yet continued to complain of numbness and swelling to your face. Refusal of treatment can hardly be considered negligent or scandalous on the part of UTMB or the Bureau Of Prisons.

Based on the above information, your Request for Administrative Remedy is for informational purposes only.

If you are not satisfied with this decision, you may appeal to the Regional Director at the Bureau of Prisons, South Central Region, 4211 Cedar Springs Road, Suite 300, Dallas, Texas 75219. Your appeal must be received in the South Central Regional Office within 20 calendar days of the date of this response.

Date

6-16-03

R. D. Miles, Warden

Constance Reese, Warden

EXTENSION OF TIME FOR RESPONSE - ADMINISTRATIVE REMEDY

DP  
10

DATE: JULY 18, 2003

FROM: ADMINISTRATIVE REMEDY COORDINATOR  
SOUTH CENTRAL REGIONAL OFFICE

TO : DALE MITCHELL LEMOINE, 00834-111  
BEAUMONT USP UNT: E/B QTR: F01-118U

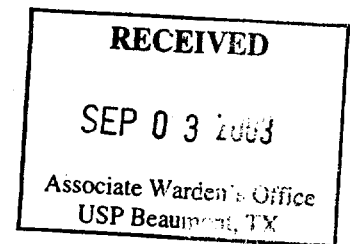
ADDITIONAL TIME IS NEEDED TO RESPOND TO THE REGIONAL APPEAL  
IDENTIFIED BELOW. WE ARE EXTENDING THE TIME FOR RESPONSE AS PROVIDED  
FOR IN THE ADMINISTRATIVE REMEDY PROGRAM STATEMENT.

REMEDY ID : 300114-R1  
DATE RECEIVED : JULY 3, 2003  
RESPONSE DUE : SEPTEMBER 1, 2003  
SUBJECT 1 : MEDICAL CARE - IMPROPER OR INADEQUATE  
SUBJECT 2 :  
INCIDENT RPT NO:

Thm  
Copy

DALE MITCHELL LEMOINE, 00834-111  
BEAUMONT USP      UNT: E/B      QTR: F01-115L  
P. O. BOX 26035  
BEAUMONT, TX 77720

*Delivered  
9/14/03  
7/B Council Sahyl*



U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Lemoine Dale M. 008-34-111 EP Beaumont  
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

**Part A - REASON FOR APPEAL**

I am writing this BP.10 informing you that I plan to sue TSMB or BOP whoever is responsible for the negligent medical treatment I recieved At Galviston hospital in accordance with BOP policy. I am appealing because the responce to my BP. 9 is incorrect. The responce states the wrong time period that I plan to sue for bad medical treatment so it is incorrect in its context also. I am going to sue for the medical treatment I recieved between Jan.28 and Feb.17 at Galviston hospital, not for medical treatment March 7 and after. The BP.9 responce is also incorrect as the only times I refused medical treatment was when I refused a second operation the day after the first and again the same on march sevsnth and that is all. The nurse told me April 10 that I had refused all medical treatment and my responce was that I told the nurse that my medical treatment was not right as I couldnt get what I needed for my injuries and that if I had no medical treatment at all it wouldnt be much worse. I just refused a second operation. This saying that I refused all medical treatment is not right.

DATE 6-29-03

SIGNATURE OF REQUESTER

**Part B - RESPONSE**

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

SECOND COPY: RETURN TO INMATE

CASE NUMBER: 300114-111**Part C - RECEIPT**

CASE NUMBER: \_\_\_\_\_

Return to: 3  
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

LEMOINE, Dale

REG. NO. 00834-111

FILED: 07-03-03

300114-R1

PART B-RESPONSE

You are appealing the Warden's response to your complaint in which you state you plan to file a lawsuit against "TSMB medical building or BOP" for negligent medical treatment. Specifically, you state you did not refuse all medical treatment in regards to your medical condition.

Health care at the Federal Correctional Complex in Beaumont, Texas is provided by the University of Texas Medical Branch (UTMB) under a managed health care contract.

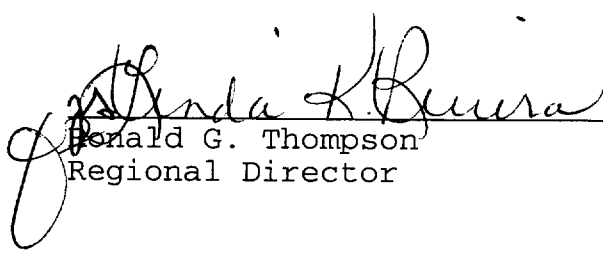
A review of your medical record was conducted. The documentation in your medical record reveals, on two separate occasions, you refused medical treatment at both the Galveston Hospital and the institution. Although this documentation supports the fact you refused treatment, you could have received treatment at any time. Your record does not indicate you made any attempt to obtain further medical treatment.

Your appeal is denied.

In the event you are not satisfied with this response, you may appeal to the Bureau of Prisons, Administrative Remedy Section, 320 First Street, N.W., Washington, D.C. 20534. Your appeal must be received in that office within 30 days from the date of this response.

Date

8/23/03

  
Ronald G. Thompson  
Regional Director

SENSITIVE-LIMITED OFFICIAL USE

Deposition Medical Treatment UTMB Hospital Galveston

OF

Dale M. Lemoine From; January 28 To February 17, 2003

July 21, 2003

I had a instant fight that lasted about two minutes with a big mouth negro that was talking bad about the white race. I lost a pint of blood in the TV room. The injuries I recieved here were two black eyes, a totally busted top lip and bottom, two front teeth knocked in and the doctors said a busted palate to start with.

I sat in medical from 9:30AM till 4:30PM and bleed all day. I bleed two sheets and three towels for maybe a total of two or three pints of blood. A nurse could have disinfected and stitched my lips in about fifteen minutes and I wouldnt have bleed all day. There is always a lot of medical staff in medical. In medical I was given only one tylanol four for pain with codine. I am sometimes allergic to codine. The ambulance then came and took me to Galveston. I arrived at the hospital around 7:00PM at night with only another tylanol four for pain and no shot, so I was in much pain. It took two hours to get there and that I personally think is to long with waiting all day to transport a medical emergancy to a hospital. That is over ten hours with no treatment,

plexi-glass and officers and nurses were always screaming loudly back and forth in the hallway to each other. Most of them were black. The bathroom had only a small curtain for privacy which was too short and the officers the first few days harassed me many times by screaming through the glass saying close the curtain even though my back was to them where nothing could be seen. To be screamed at constantly when I was very sick made me feel very bad. It was like they thought they needed the privacy and I didn't need any, but a little flimsy curtain. I was always being told to put my shirt on as the nurses might be offended, but then the room was always very hot to me. When I asked for a clothes change they never had my size and I had to wear my old clothes again until they got them.

It is my personal opinion and every one is entitled to one that I didn't need the operation in the first place. The reason is I have had these exact same injuries in the past when I got in a bar fight. Having these exact same injuries two black eyes, two busted lips, and two front teeth bent in I went to a medical clinic in the bay area. I cannot remember the address and was cured in ten days for a cost of three hundred dollars. They stitched my lips with novacane and at the same time using novacane on my front teeth they straightened them and pushed them back in. The only other thing they did to my teeth was take a small needle to each of my bent teeth and drew a little blood so an abscess didn't get started by an excess pocket of blood at the injured tooth. The next day twenty-four hours later they again drew blood from the root to make sure no abscess would start. When you have an excess blood pocket the the white blood cells die fighting bacteria forming a puss pocket or infection so you lose your tooth. That's all it took and my two front teeth were fixed. They then used a warm towel and a foam to take most of the swelling out. They straightened my nose and put a plastic splint on it.

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1-3-03	930 Chart to MD to eval DC endo/lipid CAC 2 pt's refusal for ty-fluranyl
1/6/03 0950	Admin. Note: (1) d/t refusal to take meds - D/C CAC endo (2) d/t (N) LFTs, D/C CAC ID (3) yearly LFTs - 015708  JL P. (signature)
1/14/03	1200 noted Chart to myers. DR. RHODES for above. T. RESENDEZ, LVN
1-7-03 0140	29° but chel - M. H. C. V. N. M. ARY, LVN
1/28/03 0940	S. Hit in face multiple times today - Copain to face 8-9/10 O. Bleeding from nose & mouth - front teeth loose, nose obviously deformed, (R) eye swollen shut severe blepharitis - Central, walk up assistance - noticeable breathing thru mouth - XPGs orbit / nasal bones - Ex palate w/ angulation, possible Ex floor (R) orbit, multiple Ex nasal bone (panoramic) - Ex palate into sinus (V), Severe (D) Quinsy - dentist  Felix D. Connor M. H.

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

LEMOINE  
DALE

00834-111

DOB 05/20/55  
FCC BEAUMONT - USPUSP BEAUMONT  
PO BOX 26035  
BEAUMONT, TX 77720

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/28/03 0740 (cont)	<p>O. agrees w/ findings</p> <p>(A) Palate Fx</p> <p>(R) Orbital Fx?</p> <p>nasal bone Fx</p> <p>Contusion OD</p> <p>Laceration (lip area) - corner</p> <p>(P) Per Maxillary UR tamped by TDC Ambulance to UTMED ER present # 437829</p> <p>(2) IV LR @ 100cc/hr continuous x 1 liter</p> <p>(3) Q via mark pen - in route</p> <p>(4) Tylenol #3 100 now - repeat qid before leaving USP</p> <p>(5) Ice pack</p> <p>(E) Summary of above</p>
1-28-03	<p>noted - S. Tomplait, RN</p> <p><i>[Signature]</i></p>
1-28-03 1145	<p>TDC ambulance notified ETA is 1415</p> <p>Lt. Rayburn notified - S. Tomplait, RN</p>
1-28-03 1200	<p>T 97° P 88 R 20 BP 160/88. IV 1000cc RL</p> <p>A = 18g cath attx 1 - (2) FA - note KVO</p> <p><i>[Signature]</i> S. Tomplait, RN</p>
1-28-03	<p>1430. To UTMED per TDC Amb.</p> <p><i>[Signature]</i></p>

TO: PHYSICIAN OR SERVICE

Reason for Requesting Consultation - This request is: ☐ URGENT ☐ ROUTINE

Signature: \_\_\_\_\_ Ext# \_\_\_\_\_ Beeper: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

REPORT: CT face: (B) 700 C Fx's, (R) Lateral and inferior orbital rim fx's. Ant, lat and medial maxillary wall fx's bilaterally. Posterior zyg buttress fx on (R) Nasal septal fx. (R) orbital floor fx & grossly displaced.

Imp: (1) Multiple facial fx's

(2) Complex lip lacer

lacs irrigated & copious NS & prepped & Betadine

Plan: (1) Lip lacer closed: Anesthetized & 1% 2/100k ep, muscle deep layer closed & 4-0 vicryl, Skin closed & 5-0 prolene, mucosa surface closed & 5-0 vicryl.

(2) Admit TDC 7B for poss OR tomorrow.

(3) CMFS consult - fix deviation

(4) Ophtho consult - periorbital a.k & post/lat orbital wall fx.

Scans examined & Dr. Underbrink.

I have examined the patient and reviewed the medical record.

Signature/Title: \_\_\_\_\_

Ext# \_\_\_\_\_

Beeper \_\_\_\_\_

Service: ENT

Date: 1/28/02

Time: 6p

IF PATIENT ID CARD OR LABEL IS UNAVAILABLE, WRITE DATE, PT NAME AND UH# IN SPACE BELOW

000834111

6146330

CM 05-20-55

30000918492

6146330

TDC 7b

012803

# REQUEST FOR CONSULTATION

Medical Record Form 5400-Rev. 7/99  
The University of Texas Medical Branch Hospitals  
Galveston, Texas

MEDICAL RECORD

ADDITIONAL FORMS MAY BE OBTAINED FROM MATERIALS MANAGEMENT REORDER NO. 68540

01/28/03  
DEPARTMENT OF RADIOLOGY  
THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS, GALVESTON, TEXAS

614633Q

LEMOINE, DALE

DOB: 05/20/1955

Sex: M

Status: E  
Loc: ERT

Physician:

SWEET, LAIRD ANDERSON, MD  
301 UNV BLVD RT1173  
GALVESTON, TX 77555

3634208 01/28/2003 18:00 Requested by: SWEET, LAIRD ANDERSON, MD  
CT HEAD W/O CONTRAST  
3634209 01/28/2003 18:04 Requested by: SWEET, LAIRD ANDERSON, MD  
CT MAXILLA-FACIAL WO CONTRAST

.....  
HISTORY: Assaults

CT HEAD

An unenhanced CT of the head was performed.

No intracranial abnormality is seen. No evidence of a bleed, mass effect, or midline shift is noted. Multiple facial fractures are noted as detailed below. Fluid is present in all the sinuses.

CT FACE:

A CT scan of face was performed with axial and coronal images.

Bilateral tripod fractures are noted with fractures of the anterior, posterior, and lateral walls of the maxillary sinuses bilaterally. The right tripod fracture is minimally displaced laterally. Bilateral pterygoid fractures are noted.

Bilateral lateral orbital walls fractures, the right mildly displaced medially.

Bilateral displaced orbital floor fractures are noted.

Bilateral comminuted nasal bone fractures are noted with minimal displacement towards the left .

Extensive soft tissue swelling is seen about the right side of the face with subcutaneous air.

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DEPARTMENT OF RADIOLOGY  
THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS, GALVESTON, TEXAS

Page: 2

614633Q LEMOINE, DALE

DOB: 05/20/1955 Sex: M

Status: E  
Loc: ERT

Physician:

SWEET, LAIRD ANDERSON, MD

3634208 01/28/2003 18:00 Requested by: SWEET, LAIRD ANDERSON, MD  
CT HEAD W/O CONTRAST  
.....

Palam Annamalai, MD /signed by/ FAUSTINO C GUINTO JR, MD

Personally interpreted by:

Faustino C Guinto Jr, MD /signed by/ FAUSTINO C GUINTO JR, MD

Transcribed on: 01/28/2003 18:44 by Medspeak Interface  
Last Edited on: 01/29/2003 10:02 by Medspeak Interface  
Finalized on: 01/29/2003 11:38 by Faustino Guinto, MD

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THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS

OTOLARYNGOLOGY

LEMOINE, DALE  
U.H.#: 61-46-33-Q

ADMITTED: 02/06/03  
DISCHARGED: 02/18/03

ATTENDING PHYSICIAN: FRANCIS B. QUINN, MD

CHIEF COMPLAINT:

SIGNIFICANT HISTORY AND PHYSICAL FINDINGS: The patient is a 47-year-old TDC inmate who suffered trauma to his face during an assault and, on clinical examination, was noted to have multiple maxillofacial fractures, including a right zygomatic maxillary complex fracture of the zygoma, right lateral orbital rim, right inferior orbital rim, right lateral maxillary buttress, left lateral maxillary buttress and left inferior orbital rim fractures, bilateral medial maxillary buttress fractures, and a right orbital floor fracture. The patient reports a personal history of hepatitis C and psychiatric illnesses. He reports an allergy to Motrin.

PERTINENT LABORATORY AND X-RAY FINDINGS:

6+7  
16-19  
TREATMENT RENDERED: On 02/03/03, the patient was taken to the operating room, and open reduction, internal fixation of multiple facial fractures was undertaken, as well as mandibulomaxillary fixation. Postoperatively, the patient was extubated and transferred to the floor. The patient subsequently began to spike fevers and was extremely uncooperative with medical care, refusing antibiotics, demanding around-the-clock sleeping medications, and refusing to ambulate or use incentive spirometry. Physical exam revealed debris in the right eye and an appropriate amount of erythema, ecchymosis, and edema over the areas of his facial fractures. Artificial tears were started, and oral and eye care were undertaken. The patient subsequently began complaining of nausea and vomiting. On postop day 3, we noted that what we had initially felt would be an insignificant amount of malocclusion was indeed a small amount of open bite of about a 1 mm gap. When we proposed surgical repair of this, he reported that he felt fine and did not wish to pursue repair. Postoperatively, his course was complicated by his unwillingness to work with Physical Therapy, to take his antibiotics, or cooperate with eye care. He began to drain some serous fluid from the right tarsorrhaphy incision and was noted to have a fair amount of chemosis. We began to pack both left and right brow wounds, as they were both draining. This continued until the drainage resolved, and the wounds healed inferiorly with subsequent resolution of his fevers and the drainage. Finally, on 02/17/03, the patient was deemed healthy for discharge.

PRINCIPAL AND OTHER DIAGNOSES:

THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS

LEMOINE, DALE

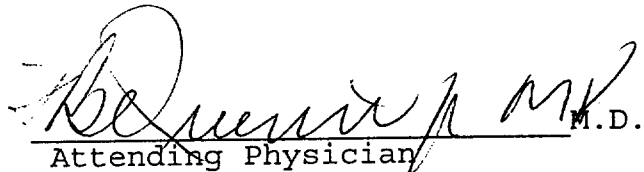
U.H.#: 61-46-33-Q

PAGE 2

SURGICAL PROCEDURES: 02/03/03 - Open reduction, internal fixation of multiple facial fractures.

DISPOSITION AND PROGNOSIS: He was discharged to the unit, medially unassigned for 4 weeks. He was to continue on his regular diet, which he had been tolerating for several days. He was to follow up in the TDC ENT Clinic in 2 weeks. He was to continue taking Keflex 4 times a day for 14 days, Tylenol 3, Peridex gargles, and ofloxacin eye drops 3 times a day.

\_\_\_\_\_  
GLEN T. PORTER, MD

  
\_\_\_\_\_  
Attending Physician M.D.

GTP/TL019

J#: 231357

D: 03/31/03

T: 04/01/03

**THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS**

**OTOLARYNGOLOGY**

LEMOINE, DALE  
U.H.#: 61-46-33-Q

DATE OF OPERATION: 02/03/03

WARD: DC7B

FACULTY SURGEON: FRANCIS B. QUINN, MD  
RESIDENT SURGEON: MICHAEL UNDERBRINK, MD  
ASSISTANT OR TEACHING RESIDENT: GLEN T. PORTER, MD  
GORDON A. SHIELDS, MD

PREOPERATIVE DIAGNOSIS: Multiple maxillofacial fractures.

POSTOPERATIVE DIAGNOSIS: Multiple maxillofacial fractures, including: 1. Right zygomatic maxillary complex fracture at the zygoma, right lateral orbital rim, right inferior orbital rim, and right lateral maxillary buttress. 2. Left lateral maxillary buttress and left inferior orbital rim fracture. 3. Bilateral medial maxillary buttress fractures. 4. Right orbital floor fracture.

OPERATION: 1. Mandibular maxillary facial fixation. 2. Open reduction and internal fixation of the above-mentioned fractures.

INDICATIONS: Mr. Lemoine is a 47-year-old gentleman who suffered trauma to his face following an assault by clinical examination and CT examination of the face. We noted the above-mentioned fractures, which were multiple in the maxillofacial region. He also had a loose dentition involving the small alveolus fracture of the left front two incisors. We planned open reduction and internal fixation of the above fractures after placement of the patient in mandibular maxillary facial fixation. The risks, benefits, and alternatives of the procedure were explained to the patient, who understood and agreed to proceed. The risks of the consent were read for him word for word and assigned on the chart.

PROCEDURE: Patient was taken to the operating room and placed in the supine position, and then placed under general nasal endotracheal intubation. After adequate anesthesia was obtained, patient was then prepped and draped in the usual sterile fashion. Peridex was used to rinse the oral cavity and brushed the teeth. We then began by placing the patient in mandibular maxillary fixation. Arch bars were placed along the upper and lower dentition and secured to the canine premolar and molar teeth that were available with #24 gauge steel wire. At this time we also noted that tooth #9, which was the upper lateral left incisor was loose and falling out of the alveolar ridge. This was extracted. The tooth #8 was secured to the arch bar with #24 gauge wire, reducing the alveolar fracture of that tooth. We then placed the patient in intermaxillary fixation with #26 gauge interdental wires. We then

**OPERATIVE REPORT**

**ORIGINAL**

## THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS

LEMOINE, DALE

U.H.#: 61-46-33-Q

PAGE 2

turned our attention to open reduction and internal fixation of the fractures. We made a sublabial incision along the gingival labial sulcus, extending from the right maxillary tuberosity to the opposite tuberosity. Dissection was carried through the mucosa with electrocautery on the cut, and through the underlying tissues with the electrocautery for coagulation, through the periosteum, and overlying the maxillary bone. We then used the periosteal elevator to elevate the periosteum and expose the fractures. Of note there was a comminuted right lateral buttress fracture, comminuted anterior maxillary wall fracture on the right, and a medial buttress fracture on the right maxilla. Likewise there was also a left medial buttress, left lateral and maxillary buttress, and anterior maxillary sinus wall fracture on the left. Any loose fragments along the anterior maxillary wall were then removed at this time as they were unable to be reduced and plated. We then maintained the appropriate vertical height of the maxilla with plating of the lateral and medial buttresses. The 2.0 mandibular plate in an L-fashion were used with three screws on either side of the fracture, along the right and left lateral maxillary buttress areas after these fractures were placed in appropriate reduction. We then plated the medial buttress fractures with 1.5 Titanium plate, with two screws on either side of the fracture line. On the right we used an L-plate, and on the left we used a five-hole straight 1.5 plate. We then turned our attention to the lateral orbital rims. We made a lateral brow incision with the 15 mm blade after local injection of 1% lidocaine with epinephrine. Dissection was then carried down with the electrocautery through the orbicularis muscle and underlying tissues, down to the periosteum overlying the lateral orbital rim. First we attempted this on the right, exposing the right lateral orbital fracture, which was clearly mobile. We also explored the left lateral orbital rim in the same fashion, which did not appear to have a lateral orbital rim fracture. We then plated the right lateral orbital rim fracture with a 1.3 curved Titanium plate with two screws, 6 mm in length, on either side of the fracture. We then performed the transconjunctival incision, first on the left. We made an incision with the needle point Bovie tip through the conjunctivae, approximately 5 mm below the lower lid margin, from just lateral to the canaliculi, extending laterally to the lateral canthal tendon. Dissection was carried through to the conjunctivae and anterior to the orbital septum, but not through the orbicularis oculi muscle. We then made a lateral canthotomy and inferior cantholysis to gain mobility of the lower lid. With blunt dissection with the Q-tip, dissected the orbicularis muscle away from the orbital septum to the level of the inferior orbital rim. We then made an incision with the electrocautery through the periosteum, just inferior to the inferior orbital rim. With the

OPERATIVE REPORT

ORIGINAL

## THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS

LEMOINE, DALE

U.H.#: 61-46-33-Q

PAGE 3

Freer elevator we dissected the periosteum off of the orbital rim and explored the left orbital floor by lifting the periosteum off of the orbital floor. It appeared that there was an inferior orbital rim fracture, which was reduced, and plated with a 1.3 curved Titanium plate with two screws on either side of the fracture at 6 mm in length. There did not appear to be a significant orbital floor fracture on the left side. We repeated this transconjunctival approach to the right inferior orbital rim, and in a similar fashion using the needle point cautery to incise the conjunctivae at approximately 5 mm below the lower lid margin, just lateral and approximately 2 mm lateral to the canaliculus, and continuing the incision to the lateral canthal tendon. We then made our lateral canthotomy in a similar fashion with inferior cantholysis to give more mobility to the lower lid. We then used blunt dissection the remaining orbicularis off of the orbital septum, taking care not to enter the periorbitum. Dissection was carried down to the level of the inferior orbital rim, and an incision was made with the electrocautery through the periosteum, just inferior to the orbital rim. Then with the periosteal elevator, the periosteum was elevated off of the inferior orbital rim, and off of the inferior orbital floor to expose the inferior orbital rim fractures. There appeared to be a floating medial segment of bone and there appeared to be a significant comminuted fracture of the right orbital floor. We used the dissection with careful retraction of the periorbitum with the malleable retractor, to expose the entire length of the fracture. The infraorbital nerve was seen and exposed through the orbital floor fractures. We then plated the inferior orbital rim with a 1.3 curved Titanium plate, securing the freely mobile segment of the inferior orbital rim with one screw, and placing two screws on the stable portions of the infraorbital rim medially and lateral to this mobile segment. We then used the endoscopes through the anterior maxillary wall defect to visualize the orbital floor fracture, making sure that all of the periorbitum was elevated from the maxillary sinus. We then placed a 1.0 Titanium mesh to support the orbital floor. This was fashioned approximately 4 cm across for the most anterior portion of the inferior orbital rim, at 3 cm in width and 3 cm in length, and was placed just beneath the periorbitum to support the globe. We then secured this by folding the anterior edge of the mesh over the inferior orbital rim, and secured it to the stable maxillary bone with 6 mm 1.0 screws. After these fractures were rigidly fixated and the palate was stable. The dentition appeared to be in reasonable occlusion. However the patient had several chipped teeth, which prevented us from adequately inspecting and insuring that the anterior dentition was in complete occlusion, as there were no wear facets to follow. However the premolars and molars appeared to be in good occlusion,

OPERATIVE REPORT

ORIGINAL

## THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS

LEMOINE, DALE

U.H.#: 61-46-33-Q

PAGE 4

following reduction of its fractures. We then released the patient from interdental fixation and the previous incisions were closed. We closed the lateral canthotomies with a 4-0 PDS interrupted suture, secured to the periosteum of approximately 1.5 cm, just posterior to the lateral orbital rim, inside of the orbital rim. We secured the remaining soft tissue from the canthotomy with 4-0 Vicryl and the epithelium of the lateral canthotomy was reapproximated using 6-0 Ethilon in an interrupted fashion. The conjunctivae appeared to be properly aligned following the closure of the lateral canthus, and did not necessitate reapproximation. We then closed the lateral orbital brow incision on both sides with 4-0 Monocryl suture for the orbicularis layer, 4-0 interrupted Monocryl suture for the subdermal layer, and a running 6-0 Ethilon suture for the epithelium. We then closed the sublabial incision with interrupted 3-0 Vicryl sutures approximately 0.5 cm from one another the entire length of the incision. This appeared to give us complete closure for all of the approached incision. The patient tolerated the procedure well. There appeared to be no complications. We palpated the anterior segment of the globe on the right after the floor repair, which appeared to be soft. The sponge and needle counts were correct at the end of the case. Dr. Quinn was present for the key portions of the procedure. The patient was extubated and returned to the recovery room in good condition.

---

MICHAEL UNDERBRINK, MD  
Faculty Surgeon

M.D.

MU/TL542

J#: 212171

D: 02/04/03

T: 02/05/03

OPERATIVE REPORT

ORIGINAL

Date: 02/12/03 Pt. Name: LEMOINE, DALE UH#: 614633Q  
 ADMIT STATUS: FULL ADMIT CLINIC:  
 REQUEST FOR CONSULTATION: OPHTHAMOLOGY  
 PT TYPE: S FIN CLASS: U MG CARE: INSURANCE: FEDERAL PRISONER  
 Priority: ROUTINE  
 Account#: 30000918492 DOB: 05/20/1955 Room/Bed: DC7B D73202  
 Adm Date/Time: 02/06/03 14:00 Age/Sex: 47 / M  
 Service/Team: OTO / TDC  
 Attend: 02823 QUINN JR MD, FRANCIS Pager:  
 Resident: 07247 CUNNINGHAM MD, SAM  
 Intern: 00000 DOCTOR UNASSIGNED  
 To: OPHTHA OPHTHAMOLOGY Pager: Phone: 409-747-5859  
 From: 06927 PORTER MD, GLEN T Pager: 159214 Unit#: 403-772-6175  
 History: LEMOINE, DALE 614633Q OTO ANTICIPATED D/C DATE 02/15/03  
 47 C M 02/06/03  
 Diag: MULTIPLE FACIAL FRACTURES  
 Reason: PT S/P ORIF BILATERAL RIM FX  
 NOW WITH DRAINING SINUS FROM  
 RIGHT PERIORBITAL WOUND. PT  
 WITH CONJUNCTIVAL EDEMA.  
 VISION INTACT, EOMI. PLEASE  
 EVAL AND RX. (S/P RIGHT  
 ORBITAL FLOOR REPAIR WITH  
 MESH)

ENT 22707  
 Burden - 2 yr ENT

NURSE STATION TELEPHONE NUMBER:

Entered by: YF9P GLEN PORTER ORDER #: 133  
 Entered Date/Time: 02/12/03 06:33  
 TO ANSWER CONSULT ON LINE SELECT ANSWER/DISPLY CONSULT ON PFUN MENU  
 CONSULT RESPONSE:

47 glo s/p (B) ORIF of orbital rim  
 fracture; (A) orbital floor repair  
 mesh (transconjunctal)

gts. Decidua - right on BID  
 WRITTEN BY: DATE: / / TIME: : :  
 SERVICE: EXT#: PAGER:

THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS - GALVESTON, TEXAS  
 REQUEST FOR CONSULTATION - MEDICAL RECORD FORM 5411-11/96

ORIGINAL - MEDICAL RECORD

OECNE3FA

Revised Kmo  
 11/6/96

CONSULT

Date: 01/28/03 Pt. Name: LEMOINE, DALE UH#: 614633Q  
 ADMIT STATUS: 23H OBSERVATION CLINIC:  
 REQUEST FOR CONSULTATION: ORAL & MAXILLOFACIAL SUR  
 PT TYPE: O FIN CLASS: S MG CARE: INSURANCE:  
 Account#: 30000918492 DOB: 05/20/1955 Priority: ASAP  
 Adm Date/Time: 01/28/03 16:53 Room/Bed: DC7B D73202  
 Age/Sex: 47 / M  
 Service/Team: ERT /  
 Attend: 02823 QUINN JR MD, FRANCIS Pager:  
 Resident: 07247 CUNNINGHAM MD, SAM  
 Intern: 00000 DOCTOR UNASSIGNED  
 To: ORAL ORAL & MAXILLOFACIAL Pager: Phone: 409-772-7230  
 From: 07247 CUNNINGHAM MD, SAM Pager: 51397 Unit#: 403-772-6175  
 History: LEMOINE, DALE 614633Q ERT ANTICIPATED D/C DATE 01/30/03  
 47 C M 01/28/03  
 Diag: MULTIPLE FACIAL FRACTURES  
 Reason: 47 YO FED INMATE SP ASSAULT.  
 PT WITH MULTIPLE FACIAL FX'S,  
 BEING TREATED BY ENT. PT WITH  
 FX'D UPPER DENTITION-INCISORS  
 AND CANINES. PLEASE EVAL AND  
 ADVISE FOR REPAIR OF TEETH.

NURSE STATION TELEPHONE NUMBER:

IF NEEDED TODAY

PAGE MD ON CALL

Entered by: YDEN SAMUEL CUNNINGHAM ORDER #: 17  
 Entered Date/Time: 01/28/03 23:49  
 TO ANSWER CONSULT ON LINE SELECT ANSWER/DISPLY CONSULT ON PFUN MENU  
 CONSULT RESPONSE: \_\_\_\_\_

47 yo W/O presented to ER last night sp assault  
 resulting in multiple facial fractures.  
 Pt has multiple teeth that have  
 been palatally displaced and we are being

WRITTEN BY: DSaigo DATE: 1/29/03 TIME: 17:30

SERVICE: OMF EXT#: 27241 PAGER: 160984  
 THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS - GALVESTON, TEXAS  
 REQUEST FOR CONSULTATION - MEDICAL RECORD FORM 5411-11/96

ORIGINAL - MEDICAL RECORD

OECNE3FA

CONSULT

Date: 01/28/03 Pt. Name: LEMOINE, DALE  
Account#: 30000918492 Room/Bed: DC7B D73202

UH#: 614633Q

REQUEST FOR CONSULTATION: ORAL & MAXILLOFACIAL SUR  
TO ANSWER CONSULT ON LINE SELECT ANSWER/DISPLY CONSULT ON PFUN MENU

Con't Consult Response: asked by ENT to evaluate dentition.

PE: Pt has teeth #'s 7 and 8 mildly lingually  
displaced 2" to alveolar fracture both teeth  
move as a unit. Pt's entire maxilla is  
freely mobile as well. Pt's dentition  
is otherwise in adequate repair.  
No sign of acute infection

TEETH MT @ RUC for aspiration

CTFace: (B) ZMC, (D) orbital floor frx, Maxillary sinus  
wall frx, Bridge over fracture

A: Pt has an alveolar compound fracture  
involving teeth #'s 7 and 8 and should be addressed  
along with other facial fracture

PLAN: ENT following pt for facial fracture  
and will address alveolar fracture @ same  
time the application of Max Arch bar  
No other recommendations @ present

WRITTEN BY:

SERVICE:

THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS - GALVESTON, TEXAS

REQUEST FOR CONSULTATION - MEDICAL RECORD FORM 5411-11/96

ORIGINAL - MEDICAL RECORD

OECNE4FA

CONSULT

DEPARTMENT OF RADIOLOGY  
THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS, GALVESTON, TEXAS

614633Q LEMOINE, DALE

DOB: 05/20/1955

Sex: M

Status: I  
Loc: DC7B

Physician:

QUINN JR, FRANCIS B, MD  
301 UNV BLVD RT0521  
GALVESTON, TX 77555

3643490 02/07/2003 09:15 Requested by: PORTER, GLEN T, MD  
CHEST, 1 VIEW/TDC PATIENTS

.....  
Incomplete inspiration.

No significant abnormalities.

Personally interpreted by:

Luis B Morettin, MD /signed by/ LUIS B MORETTIN, MD

Transcribed on: 02/08/2003 09:56 by TalkStation Interface  
Finalized on: 02/08/2003 09:56 by TalkStation Interface

OFFICIAL COPY

DEPARTMENT OF RADIOLOGY  
THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS, GALVESTON, TEXAS

614633Q LEMOINE, DALE

DOB: 05/20/1955 Sex: M

Status: I  
Loc: DC7B

Physician:

CUNNINGHAM, SAM, MD  
301 UNIV BLD RT0521  
GALVESTON, TX 77555

3634297 01/28/2003 22:09 Requested by: CUNNINGHAM, SAM, MD  
SPINE, CERVICAL 2 VIEWS

.....  
HISTORY: facial fractures

FINDINGS:

Only C1-C6 are seen on the lateral film. Mild changes of spondylosis are seen. No evidence of fracture or dislocation is noted in the visualized vertebrae. A repeat lateral film may be of value if clinically indicated.

Palam Annamalai, MD /signed by/ PALAM ANNAMALAI, MD

Personally interpreted by:

Randy Ernst, MD /signed by/ RANDY ERNST, MD

Transcribed on: 01/28/2003 22:24 by Medspeak Interface  
Last Edited on: 01/29/2003 07:55 by Medspeak Interface  
Finalized on: 01/29/2003 08:00 by Randy D Ernst, MD

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DEPARTMENT OF RADIOLOGY  
THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS, GALVESTON, TEXAS

614633Q LEMOINE, DALE

DOB: 05/20/1955 Sex: M

Status: E  
Loc: DC7B

Physician:

BAILEY, BYRON J, MD  
300 UNIV BLD RT 521  
GALVESTON, TX 77555

3639921 02/03/2003 22:55 Requested by: SHIELDS, GORDON A, MD  
FACIAL BONES, < 3 VIEWS/PORTABLE EXAM/STAT/TDC PATIENT

.....  
FACIAL BONES

HISTORY. Trauma.

Bilateral facial fractures involving orbits and maxillae are seen affixed by means of several sideplates and multiple screws. The alignment appears to be satisfactory. Comminuted fractures of the nasal bones are also noted. An endotracheal tube is in place.

Stephen Ladner, MD /signed by/ RAJENDRA KUMAR, MD

Personally interpreted by:

Rajendra Kumar, MD /signed by/ RAJENDRA KUMAR, MD

Transcribed on: 02/04/2003 10:45 by TalkStation Interface  
Finalized on: 02/05/2003 15:51 by Rajendra Kumar, M.D.

OFFICIAL COPY

ADMISSION DATE: 1/28/03		DISCHARGE DATE: 2/17/03		DISCHARGE SERVICE: 15		DISCHARGE TIME:	
<input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS				DAY SURGERY UNIT <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>PRINCIPLE DIAGNOSIS:</b> (As known at the time of discharge, the condition established after study to be chiefly responsible for occasioning the admission.): <i>Facial fractures</i>						<b>ICD-9-CM CODES</b> Completed by Med. Rec. Dept.	
<b>SECONDARY DIAGNOSIS(ES):</b> (Include complications, a condition that arises during hospital stay and include comorbidities, a condition that existed prior to the patient's admission.):							
(For additional space or for revising the Principal and/or Secondary Diagnoses use the reverse side of this page)							
DATE: 2/3/03		<b>PRINCIPLE PROCEDURE:</b> (Procedure most related to Principal Diagnosis) <i>ORIF multiple facial fx's</i>					
		<b>Additional Operations and Special Procedures:</b>					
(For additional space please use the reverse side of this page)							
<b>TRANSFUSION:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Reaction:				Intubation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Heart Lung Bypass Machine: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRG: Coder: Date:	
<b>DRUG REACTION:</b> (Specify Drug):							
<b>Discharge Instructions Given to:</b> <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Other, Specify: <i>TDCJ</i>							
<b>Physical Activity:</b> <i>Med. cally unassigned X 4 weeks</i>				<b>Diet:</b> <i>Regular</i>			
<b>Follow-up Care:</b> <i>TDC ENT clinic 2 wks. Fri. 2/21/03 for suture removal</i>				<b>Medication/Dose Frequency:</b> <i>Keflex 500mg PO qid x 14d                  Tylenol 3                  peridex gargles                  ofloxacin 0.3% eye drop OU tid</i>			
<b>DISCHARGE TYPE:</b> <input type="checkbox"/> AWOL <input type="checkbox"/> Deceased <input checked="" type="checkbox"/> Discharged <input type="checkbox"/> AMA (AMA form signed)		<b>DISCHARGE DISPOSITION:</b> <input type="checkbox"/> Home <input type="checkbox"/> Short Term Hospital <input type="checkbox"/> SNF <input type="checkbox"/> ICF <input type="checkbox"/> Home Health <input type="checkbox"/> Other type of facility <input type="checkbox"/> IS READMISSION PLANNED? <i>TDCJ</i> DATE		<b>DEATH DETAIL:</b> <input type="checkbox"/> Postop <input type="checkbox"/> Autopsy <input type="checkbox"/> Died 48 hours <input type="checkbox"/> Stillborn <input type="checkbox"/> Coroner's Case			
Name of Referring Physician: <i>[Signature]</i>							
House Officer: <i>[Signature]</i>						Date: 2/17/03	
Attending Physician: <i>[Signature]</i>						Date:	
(Full legal signature required)							

ADDITIONAL FORMS MAY BE OBTAINED FROM MATERIALS MANAGEMENT REORDER NUMBER 68536

F I N A L D I S C H A R G E N O T E

IF PATIENT ID CARD OR LABEL IS UNAVAILABLE, WRITE DATE, PT NAME AND UH# IN SPACE BELOW

000834111  
 6146330 CM 05-20-55  
 LEMOINE, DALE  
 30000918492 ERT  
 0

TDC 7B 012803

**FINAL DISCHARGE NOTE**

Medical Record Form 5346-Rev. 1/97  
 The University of Texas Medical Branch Hospitals  
 Galveston, Texas

Original — Medical Record

Evaluated in \_\_\_\_\_ Date \_\_\_\_\_  
 Date of Admission 1-20-03 Date of Discharge 2-17-03  
 Discharge Diagnosis Facial Fractures  
 Condition ☒ Fair ☐ Serious Mode to Transport ☒ Bus ☐ Van ☐ Ambulance ☐ EMS Notified  
 Primary Physician/Service/Pager No. Porter / ENT /

### NURSING SUMMARY OF HOSPITALIZATION

Activity level upon discharge ☒ Ambulatory ☐ W/C ☐ Stretcher  
 Brief description of hospital course This 47y/o male was admitted = multiple facial fractures and had surgery (ORIF) to repair. The pt. still has ecchymosis and some periorbital edema. He is doc'd on po medications

Medications see prescription form

Last Dose Given \_\_\_\_\_ Rxs to Pharmacy ☒ Yes ☐ No  
 Referrals No

### DISCHARGE CARE

Type of IV None  
 Site care/maintenance None  
 Treatment Antibiotics PO  
 Wound care Keep clean + dry - report purulence  
 Special needs None  
 Work restrictions Medically unassigned x 4 wks  
 Diet Regular

WRITTEN MATERIAL GIVEN TO PATIENT (attach to TDCJ Medical Record) ☐ Yes ☒ No

### NEXT CLINIC APPOINTMENT

☒ TDCJ Hospital Clinic ☐ Telemedicine Appointment  
 Date 2 wks Clinic ENT Date \_\_\_\_\_ Clinic \_\_\_\_\_  
 Date \_\_\_\_\_ Clinic \_\_\_\_\_  
 Date \_\_\_\_\_ Clinic \_\_\_\_\_  
 If you have any questions, please call 7B unit at extension 26175

2/18/03  
 Date

B. Chatman RN  
 Signature of Discharging Nurse

IF PATIENT ID CARD OR LABEL IS UNAVAILABLE, WRITE DATE, PT NAME AND UH# IN SPACE BELOW

000834111 CM 05-20-55  
 5145330  
 LEMOINE, DALE ERT  
 30000918492  
 0

TDC 7B 021803

### PATIENT DISCHARGE INSTRUCTIONS TDCJ HOSPITAL

Medical Record Form 5332-101-Rev. 9/99  
 The University of Texas Medical Branch Hospitals  
 Galveston, Texas

Original - Medical Record

ADDITIONAL FORMS MAY BE OBTAINED FROM MATERIALS MANAGEMENT REORDER NUMBER 68532

MFG. BY MOORE UTMB FORMS MGT. (409) 747-8001 STRICTLY PROHIBITS DUPLICATION, REPRODUCTION OR CHANGES TO THIS FORM.

NEN 7540-00-434-4178

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2-15-03	<p>2250 S- Received from Hospital Gabeaton.</p> <p>OP A60 x 3, ambulatory &amp; Wrist and Cey</p> <p>W. Cuffs on. &amp; open areas noted, &amp; dressings.</p> <p>Wounds to face clean and dry. Healing.</p> <p>Bilateral eyes Red. T-98<sup>2</sup>-18-80 12<sup>0</sup>/82</p> <p>W. 194 #5. States "Was medicated Before Leaving Hospital Gabeaton."</p> <p>A. Alteration in <sup>Error 262</sup> Comfort.</p> <p>P. <sup>Error 262</sup> Written Recs V/S taken, assessment done.</p> <p>Placed in observation by BOP. officers.</p> <p>E. pt. instructed to Report any drainage of wounds.</p> <p>R. Gabbard RN L. GABBARD, RN</p>
2-18-03	<p>2250 Written instructions (Recommendations) per Hospital Gabeaton as Follows.</p> <p>① Keep wounds clean &amp; dry (Report purulence)</p> <p>② Medically unassigned x 4 wks.</p> <p>③ Regular diet.</p> <p>④ Next clinic appt. 2 wks. ENT clinic.</p> <p>⑤ Reflex 500mg PO qid x 14 days.</p> <p>⑥ <sup>Error 262</sup> Fyrol #3 Polytren Eye drops 3 OU qid x 14 days.</p> <p>⑦ Chlorhexidine Glucon Rinse 0.12 % PO qid x 14 days.</p> <p>15-30 cc oral Rinse.</p> <p>(over) continued R. Gabbard RN L. GABBARD, RN</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

LEMOINE  
DALE

00834-111

DOB 05/20/55  
FCC BEAUMONT

- USP

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
2-18-03 (Cont)	2250 (8) Propoxyphene Napsylate / opap 1-2 Eats. po q 3-4 pm Pain. (9) Peridox gargles. (10) O Floxacin 0.375 to 0.4. Tid	
2-19-03	Chart to provider for Review of Medication. L. Gabbard RN	L. GABBARD, RN
2-19-03	0030 Resting, & distress noted / L. Gabbard RN	L. GABBARD, RN
2-19-03	0200 Resting quietly / L. Gabbard RN	L. GABBARD, RN
2-19-03	0400 Quiet, & distress / L. Gabbard RN	L. GABBARD, RN
2-19-03	0500 Resting, & distress / L. Gabbard RN	L. GABBARD, RN
2-19-03 0805	9- No complaints - noted feels okay able to eat Regular food - PR: 19/1 O/E alert - awake - coherent HR: 80 P/M/A - no crepitation - mild swelling periorbital area - can open mouth w/out any problem  AIP/Bduc CD 5 IP O/RIF multiple facial FX - clinically stable Medically ✓ - Kelex 500 max QID x 14 days unresponsive ✓ - Darvocet N-100 - ST - polystyrene eye drops x 4 wks ✓ - 1-ii TID / pr x 7 days 3 qts O.V. QID x 14 days SP BMT as ordered - Phen Tylenol 325 max - Chlorhexidine gelucor ii - iii TID / pr after 7th day rinse 0.12% p.o. QID x 10 days Can be Discharge anytime - from Medical Standpoint from observation	

Response To Medical Papers  
(Recieved From Galveston 8-12-03)

In responce to page 6 discharge summary by Dr.Quinn  
dated 02-03-03 under treatment rendered lines 6 and 7;

I had been seven days with no sleep at all when they put  
me back in my room after my operation and still they would  
not give me anything at all to help me sleep. I refused  
antibiotics that night and the next day only because of this.  
I never did get any sleep in that hospital.

In responce to same page lines 16 through 19;

I never said I felt fine. I said I had been in so much pain  
I did not want another operation. I never had any physical  
therapy so how could I be unwilling. I also did everthing  
they asked me to when they checked my eyes.

END

RETURNED  
TO ME  
3/12/03

COP-OUT

TO; MEDICAL

FEB 20, 2003

SUBJECT; I WOULD LIKE TO HAVE SOME  
TYAENOL FOR PAIN, SOME NASEL SPRAY  
FOR MY BROKEN NOSE & A FEATHER  
PILLOW FOR MY HEAD INJURY

FROM; INMATE LEMOINE D.0083411  
RANGE C-~~14~~ 14 SHU.

Received 2/24/03

Feather pillow not indicated. Tylenol 650mg  
PO <sup>2 times</sup> 4 times a day and saline nasal spray  
ordered today.

PLEASE REPLY

Cherter Lu  
2/24/03

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE #1074

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <b>DR. VILLASAN</b>	DATE: <b>3-12-03</b>
FROM: <b>LEMOINE D.</b>	REGISTER NO.: <b>00834111</b>
WORK ASSIGNMENT: <b>NA</b>	UNIT: <b>E/B SHU-C-24</b>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

THIS IS THE 6<sup>TH</sup> COP-OUT I AM WRITING & HAVE NEVER RECEIVED A REPLY FROM ONE, ASKING FOR NASAL SPRAY. THE NURSES KEEP TELLING ME IT IS ORDERED OR THEY HAVE TO CHECK THE CHART, WHAT I WANT TO KNOW IS HOW LONG DOES IT HAVE TO BE ORDERED. MINE HAS BEEN ON ORDER SINCE THE 24<sup>TH</sup> OF FEB & TODAY IS THE 12<sup>TH</sup> OF MARCH. MY SICKNESS MAY WELL BE OVER BY THE TIME I GET THE MEDICINE, I WANT TO GALVESTON HOSPITAL THE 7<sup>TH</sup> & BOTH THE IN SICKENING NURSE & DR. MULLIER SAID THEY WROTE IN MY CHART THAT I WAS TO GET NASAL SPRAY WITH ACTIVE INGREDIENT & MOUTHWASH.

(Do not write below this line)

DISPOSITION: 3/12/03

Dear Sir,  
your chart has been referred to MD to review  
your requests

123

Signature Staff Member <b>Charles Lim</b>	Date <b>3/12/03</b>
--	------------------------

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



EB

BMX 1330.13C

August 6, 1998

Attachment A

DOCUMENTATION OF INFORMAL RESOLUTION ATTEMPT

Bureau of Prisons Program Statement No. 1330.13, Administrative Remedy Program, (December 22, 1995), requires, in most cases, that inmates attempt informal resolution of grievances prior to filing a formal written complaint. This form shall be used to document your efforts towards informally resolving your grievance.

Inmate Name: LEMOINE DALE Reg. No.: 00834111 Unit: 516

Specific Complaint and Requested Relief: THE COMPLAINT IS BAD

MEDICAL TREATMENT WHILE IN SHU BECAUSE

REFUSED RELIEF IS WHAT MEDICAL STAFF

REPRIMANDS + REPRIMANDS PLACED IN THEIR

FILES. I WOULD LIKE A LETTER STATING SUCH.

+ THOSE RESPONSIBLE NAMED FROM APPROPRIATE AUTHORITY.

Efforts Made By Inmate To Informally Resolve Grievance (be specific): \_\_\_\_\_

TRIED + TRIED TO GET MY MEDICATIONS FROM

NURSES + AM WRITING COMPLAINTS ABOUT 12 TO MEDICAL

ONLY TO BE IGNORED OVER + OVER UNTIL I WAS NOT SICK ANYMORE

FOR ABOUT 60 DAYS.

Counselor's Comments: \_\_\_\_\_

UTMB

F.FRANDLE

Correctional Counselor's Review / Date

5/21/03

M.MCGHEE

Unit Manager's Review / Date

5/21/03

Response for Lemoine Dale, Reg. No. 00834-111:

A review of your medical record with UTMB medical staff reveals you were transferred to SHU February 20, 2003. You complained on February 24, 2003, of a metal wire sticking into your gums; you requested tylenol for pain, nasal spray for your "broken nose", and a feather pillow for your "head injury". Chart review found a feather pillow was not indicated, however, tylenol was ordered, saline nasal spray was ordered, you were added to the dental appointment list for February 26, 2003, and you were transported to Hospital Galveston where the arch bars were removed. Your discharge paperwork dated March 7, 2003, from HG states "patient refuses any further treatment".

While in SHU, a copout where you requested a nasal spray with active ingredients was answered on March 12, 2003, with an order for Nasalide for 30 days. Another copout where you stated you were not healed, eyes water and hurt with little pressure was answered on April 3, 2003, with an order to schedule an appointment for provider evaluation. At your appointment on April 10, you continued to refuse additional treatment, yet you continued to complain of numbness and swelling to your face.. You were not seen for your appointment on April 24, so another appointment is being scheduled for you.

Based on the above investigation, you are receiving adequate medical care and treatment from UTMB staff. No reprimand is warranted.

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Lemoine Dale M. 00-834-111 FA Beaumont  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

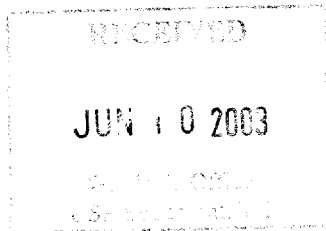
In regards to your response to my BP 8 I did get the wires taken out my gumes and the arch bars removed but let me state that they were removed A week early with possible injury to me. Besides tylenol which is given by the nurse to anyone daily your response is incorrect. The only thing I have ever refused is A second operation the day after the first. I never refused treatment and told the nurse that april tenth. I wrote A dozen cop-outs trying to get naseal spray select brand that works, like they gave me in the hospital and A pillow. Thats all the medication I ever asked for or needed. Out of all them cop-outs I only recieved two back. All this time my head was swelled up from no pillow and I couldnt breath at all. It took three weeks for the first cop out to come back and it said sorry no pillow is charted. Well why when I asked for A pillow couldnt they chart one. I didnt want to know if they had charted one. They gave me gold line naseal spray and it didnt work so I gave it back the next day, but the paper work said ocean brand naseal spray. It took 4 weeks to get some bosh and lomb spray and it didnt work at all and that was way out of the time frame when I needed it. I never recieved A pillow so it took forever for my face to stop swelling. The only

5-27-03  
DATE

-1 of 2 pages-

SIGNATURE OF REQUESTER

Part B- RESPONSE



DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER:

CASE NUMBER:

Part C- RECEIPT

Return to: LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT:

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-8

The only other medications I recieved were mouth wash and antibiotic pills given twice A day by the nurses and they where always cutting me off for one reason or another or my meds wernt there many times at all. I have the times, dates and words exchanged written down. All this I went through for a couple of bottles of naseal spray and A pillow that I really needed and never received. Why? This is still neglegint medical treatment and I request reprimands. Now let me state that I do not want any medical treatment now unless I request it since the time period when I needed it is long,lone gone.

**FEDERAL CORRECTIONAL COMPLEX (FCC) BEAUMONT, TEXAS  
UNITED STATES PENITENTIARY (USP)  
PART B - RESPONSE TO REQUEST FOR ADMINISTRATIVE REMEDY #301528-F1**

This responds to your Request for Administrative Remedy dated May 27, 2003, wherein you claim negligent medical treatment with reference to your request for nasal spray and a feather pillow. For relief, you request reprimands.

The University of Texas Medical Branch (UTMB) provides the medical care at FCC Beaumont under a managed health care contract. An investigation of your medical record was conducted with UTMB staff. Your medical record reveals that shortly after your return from Hospital Galveston, you were taken to SHU where you requested both the nasal spray and the pillow.

UTMB's pharmacy system does not allow inmates to prescribe their own medications. Per your medical record, the staff physician ordered Nasalide nose spray in response to a copout you had written; the feather pillow was not indicated by medical staff and would have required approval by the SHU officer.

As for reprimands, your complaint will be forwarded to the appropriate supervisor. Any disciplinary action taken, if any, will be at the discretion of management staff.

Based on the above, your Request for Administrative Remedy is denied.

If you are not satisfied with this decision, you may appeal to the Regional Director at the Bureau of Prisons, South Central Region, 4211 Cedar Springs Road, Suite 300, Dallas, Texas 75219. Your appeal must be received in the South Central Regional Office within 20 calendar days of the date of this response.

6/15/03  
Date

R. D. Miles  
R. D. Miles, Warden

Constance Reese  
Constance Reese, Warden

ENDED MY QUEST FOR REPRIMANDS  
USING ADMINISTRATIVE  
REMEDY HERE

1 OF 1

Summery of Medical Treatment (USP Beaumont)

To show overall inadquite medical procedures of BOP  
(As supporting evidence)

1. I wrote a dozen cop-outs to medical trying to get a pillow and nasal spray so I could breath and get my daily meds. in order. I never did. Of a dozen cop-outs only two were returned late.
2. I was cut off two of three medications or shorted them repeatedly in SHU. The medications I was recieving were tylonal, mouthwash and antibiotics.
  1. tylonal - Recieved it regular because it was on the cart for asking by anyone who wanted any.
  2. mouthwash - I was cut off mouthwash by nurse Sutton on the 21st. of Febuary (she said she had no order), the 5th. of March (she said my 14 days were up), and the 11th. of March just four days after I had a mouth full of braces and sitches cut out, completely. The nurses could never make up there minds how much to give me a day, sometimes one cup and sometimes three cups of 30cc each.
  3. antibiotics - Half the time I recieved it twice a day like I was supposed to. The other half the time I recieved none or just one pill a day.
3. 4.
3. Of nasal spray and pillow,
  1. nasal spray - Was given goldline and it didnt work so I gave it back the next day. On May 1st. I was given bosh and lomb spray, thats 2½ months late and it didnt work.
  2. pillow - Never recieved one after many cop-outs. My face stayed swollen forever because of this. I was never given given a pillow for my head injuries at all.



**U.S. Department of Justice**

**Federal Bureau of Prisons**

South Central Regional Office

Dallas, Texas 75219

**JUL 30 2003**

MEMORANDUM FOR LEMOINE, Dale Mitchell  
Reg. No. 00834-111  
USP Beaumont

*Linda Nutt*  
FROM: Linda Nutt, Paralegal Specialist  
South Central Region

SUBJECT: Administrative Tort Claim - TRT-SCR-2003-03780

This acknowledges our receipt of your claim for alleged personal injury.

The Federal Tort Claims Act affords the government six (6) months from the date the claim was filed (July 28, 2003) to make an administrative decision in this matter. A response will be mailed to you via certified mail on or before January 24, 2004.

If further information is needed to establish your submission as a claim for relief under the Federal Tort Claims Act, we will contact you and request the necessary information.

Please advise this office of your release date and release address if you are going to be released within six months of the date of this memorandum.

jw

Negligent Medical Procedures  
UTMB Galveston  
(Itemized List)

1. No initial medical treatment (Delayed)
2. Improper basic medical procedures
3. Improper operation (Additional operation unnecessary)
4. Medical follow up timing wrong
5. No medication for sleep
6. Basic harrassment
7. Improper room cooling
8. Improper bedding
9. Improper showers
10. Totally ignored by staff when requested any relief

Contexts Page

1. Contexts Page	<u>1</u>
2. Civil Rights Suit 1983	<u>6</u>
3. Adminstrative Remedy (Page 10 Personal note)	<u>13</u>
4. Deposition	<u>6</u>
5. Medical Records	<u>21</u>
6. Personal responce to medical records. ( Discharge Summary Page 6 )	<u>1</u>
7. SHU Medical Summary (Supporting Pages)	<u>8</u>
8. Tort Claim	<u>1</u>
9. Poor Boy Pomperous	<u>3</u>
10. Comissary Printout	<u>2</u>
11. Negligent Medical Procedures (Itemized List)	<u>1</u>
12. <del>Other</del>	<u>0</u>
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